Abstracts of current publications in the fields of population and family planning are presented in this pamphlet. Topical areas include: demography and social science, human reproduction and fertility control, family planning programs, population policy, and general publications. Research studies, monthly reports, journal articles, and general literature are reported. (BL)
Determine whether everyone can avert a population crisis in the next century. How soon and how effectively will population growth be reversed? How much will still leave them rowing at a considerable rate. The historical pattern of nations experiencing population growth emphasizing the increase in population among people of rural origins. Migration within and between the South and the North (the census Northeast, North Central, and West aggregated) is analyzed for Negro-white patterns of movement and associated proportions in poverty. Poverty status, the dependent variable, is operationally defined as a measure of how successfully adults in various residence and migration categories have coped with their environments. A social systems framework is utilized, and a set of theoretical propositions are induced from the findings. These propositions are statements of relationships between social distances traversed and differential selectivity operative in migration. (Author's abstract.)

Borrie, W. D. The Growth and Control of World Population. London: Weidenfeld & Nicolson, 1970. 340 pp. A general, nontechnical study of world population growth emphasizing the increase in this century and issues to be faced in the future. Chapters include The World Situation: A Summary View; The Numbers Game: Counting Mankind and Measuring Growth; The Population of the Ancient and Medieval World; The Growth of the European Nations in the Eighteenth and Nineteenth Centuries; The Great Migrations; Contemporary Patterns of the Western World; Population Growth in the Developing World: The Asian Giants, Latin America, Africa; Population Policies and the State: From Expansion to Control; and Retrospect and Prospect. Although optimistic about the role of family planning in reducing population growth, Borrie cautions against expecting too much. The attainment of present population program goals in developing countries will still leave them growing at a considerable rate. The historical pattern of nations experiencing population growth is reversed; how and how effectively will determine whether man can avert a population crisis in the next century.

Kendall, Katherine A., ed. Population Dynamics and Family Planning: A New Responsibility for Social Work Education. New York: Council on Social Work Education, Inc., 1971. 159 pp. An international conference on social work education, population, and family planning explored the relation between social work and family planning and population efforts in a worldwide context and produced recommendations for expanding social work education curricula to include population aspects. The conference papers were written by 17 international experts from 17 technical papers, written by prominent figures in the social science and medicine and public health fields in the United States, analyzing the adverse effects of rapid population growth on education, physical and mental health, migration, resources, availability, political change, food supplies, and the economy. Volume 1 summarizes the conference of volume 2 set of policy recommendations designed to slow population growth, thereby mitigating its undesirable socioeconomic effects. Governments are strongly urged to establish population policies which will make accessible to all families convenient, efficient, and inexpensive means of fertility control including abortion and sterilization. Increased international assistance and accelerated social and biomedical research on population problems are also recommended.

Pakter, Jean and Frieda Nelson. "Abortion in New York City: The first nine months." Family Planning Perspectives 3, no. 3 (July 1971): 5-12. In the course of the nine months, women have sought and obtained abortions earlier in pregnancy, complication rates are declining... and abortion mortality rates have decreased markedly. Admissions to hospitals for septic abortion have declined sharply, an indication that illegal abortions have been cut back. Births are fewer than for the same period in 1970, averaging about 700 fewer births each month; and out-of-wedlock births also have shown a decline for the first time since such data were recorded for New York City. (Authors' abstract.)

Peterson, E. P. and S. J. Behrman. "Laparoscopic tubal sterilization." American Journal of Obstetrics and Gynecology 110, no. 1 (1 May 1971): 24-31. Refinement of endoscopic equipment and technique as well as an increased demand for surgical sterilization has resulted in a renewed interest in laparoscopic tubal sterilization. The procedure was performed on 146 patients who have had coagulation and cutting of the Fallopian tubes done in association with laparoscopy. To date no pregnancy has occurred. Fifty patients have had postoperative hysterosalpingograms, and all but one have shown bilateral tubal occlusion. Operative complications have been infrequent with immediate bleeding the most serious. To date laparoscopic tubal sterilization has been an effective procedure with its...
major advantages being shortened hospital stay and postoperative recovery.” (Authors’ abstract.)


This is the second and final report of the Population Growth Estimation (PGE) Experiment. The study was conducted in a national probability sample in Pakistan from 1962 to 1965. Presented are estimates of sampling errors for a variety of demographic estimates (chapter 2); a detailed analysis of the official matching and field verification of vital events (chapter 3); and a summary review of the demographic findings of the study and the estimated response errors in age reporting (chapter 4). In addition, estimates for 1964 and 1965 of the level of precision for future projections are provided (chapter 6), and deaths (chapter 7) are shown. A final chapter presents unaudited sample projections for 1966 and 1967. An appendix contains tables supplement the text.


Thirty-eight readings by 36 authors are organized under the following headings: Populations—Humanity’s Problem (future human numbers, determinants and consequences of population growth, controlling human fertility, population policy); Resources, Food and Development (minerals and energy, food problems, economic problems); and The Environmental Crisis. Fifty-two photographs, 13 illustrations, and 30 tables supplement the text.

Human Reproduction and Fertility Control


Surveys taken in the United States in 1968 (Gallup) and 1969 (Gallup) were analyzed to determine the extent of support for legalized abortion for various reasons. “Abortion to preserve the mother’s health or prevent child deformity may be better than nothing,” the authors write, “but well accepted, while abortion for discretionary (‘selfish’) reasons receives minimal but, nonetheless, rapidly growing support.” The percentages of white men and women who disapprove the legalization of abortion on the grounds of protecting the mother’s health, preventing the birth of a deformed child, or for economic reasons were 13, 25, and 68 percent respectively in 1969, compared with 16, 29, and 74 percent in 1962. Details by sex, education, and religion show trivial differences by sex, pronounced differences by educational level with the more educated showing greater disapproval, and substantial differences in the expected direction between Catholics and non-Catholics.


A comprehensive compendium of present knowledge about intrauterine contraceptive devices including history, demographic considerations, and mechanism of actions. It covers the development of IUD technology—design, performance data, availability, insertion techniques, determining use-effectiveness, and patient management. A bibliography is included.


The text is based on three medical teaching conferences held in the fall of 1970 to acquaint family planning physicians with advances and research in oral and chemical contraceptives, intrauterine devices, sterilization, carcinoma and oral contraceptives, and cervical cytology and vaginal discharge.


Abortion aspirations on 67 conscious patients with pregnancies of ten weeks or less were performed successfully without cervical dilation and with minimal risk of perforation, with the use of a 6-mm-diameter flexible plastic cannula (Kurman). Four other women required slight dilation of the cervix to complete the abortion. There was no significant morbidity associated with this procedure. This technique should be useful in future large-scale abortion programs in licensed clinics, and avoidance of cervical dilation may decrease the incidence of premature deliveries in subsequent pregnancies.


An analysis of the Nelson Committee Hearings held by the Monopoly Subcommittee of the Senate Small Business Committee in Washington, D. C., in January 1970. The purpose of the hearings was “to determine whether users of the pill are adequately warned about demonstrated side effects and suspected complications.”


Sex predetermination will be practiced by many married couples in the near future. The work aimed at separating X and Y sperm through centrifugal force and electro-phoresis is making this increasingly possible. Acid and alkaline douches were thought to be possible techniques for X and Y sperm separation 30 years ago, but subsequent research has proved inconclusive. The ability to predetermine the sex of offspring has important demographic implications when economic status, social, and family size are considered. Estimates indicate a possible 7 percent increase in male births and a 7 percent decrease in female births, followed by a subsequent decline in family size. Seventy-six percent of those surveyed chose a boy for their first born and 74 percent desired a girl for their second child. For subsequent births there was no strong sex preference. Twenty-six percent of the individuals questioned approved predetermination of sex, 33 percent were undecided, and 40 percent were opposed. Married couples approved more of sex predetermination than single people. Catholics were more opposed to it than Protestants, who in turn were more opposed than individuals not listing any religious affiliation. Pill use was more popular than artificial insemination as a method of predetermining sex.


A total of 14,000 abortions was performed in New York City from 1 July to 31 December 1970, of which 56 percent were performed on residents. Of the abortions performed on residents of the city, over 80 percent were done in municipal and voluntary hospitals. Of the resident patients, 40 percent were black, 9 percent were Puerto Rican and the remainder was white. Among the nonresidents, more than 90 percent were white. The ratios of abortions to births by ethnic group were 262.8 per 1,000 for white women, 345.9 for nonwhite women, and 141.4 for Puerto Rican women. About three-fourths of all induced abortions were performed during the first three months of pregnancy, and the trend over the six-month period revealed an increasing proportion of terminations occurring early in gestation. The most frequently employed method of suction curettage. Complications following abortions increased with gestational age. Of the 12 maternal deaths associated with abortion during that period, five were in hospitals, one was in a doctor’s office, and six were classified as illegal abortions.


“While many of the reasons for misuse or rejection of contraception are included within the commonly discussed areas of contraceptive knowledgeability, acceptability, availability, cost, religious proscription, etc., innumerable other reasons, principally in the psychological and interpersonal relationship realms, are also operative, both in the patient and in both patients and partners.” These reasons, including guilt or shame associated with contraceptive use, desire for pregnancy due to sexual insecurity or masculinity, and apathy to acceptance of pregnancy as inevitable, are discussed with regard to contraceptive behavior in both married and unmarried women. Decreasing population growth and the solution to the population crisis requires new social, psychological, political, and attitudinal approaches.
A report of a symposium organized by the Association of Clinical Pathologists and the Association of Clinical Biochemists delivered in London on 27 September 1969. The report covers the effects of oral contraceptives on liver function: cortisol, carbohydrate, and tryptophan metabolism; and effects on red cell, renal, and skin blood flow. It also discusses relations between oral contraceptives and serum lipid levels, thrombembolic disease, blood clotting, and platelet abnormalities.


"New possible means of contraception based on no fewer than two different modes of action have reached the stage of clinical investigation with human subjects; differing modes of administration now being tested with humans could result in 15 different contraceptive modalities. Several of these innovations involve hormonal interventions which may not eliminate current concerns about adverse reactions associated with continuous, long-term drug administration; but a number of the new methods under study are mechanical, or require only intermittent drug administration, a feature which may serve to reduce levels of medical anxiety." (Author's abstract.)

Segal, Sheldon J. "Beyond the laboratory: Recent research advances in fertility regulation." Family Planning Perspectives 3, no. 3 (July 1971): 17-21.


Initial hemoglobin levels were determined in 261 multiparous women and then at intervals of 3, 6, 12, 24, 36, and 48 months after IUD insertion. Although the mean value dropped a little initially, no significant difference in mean values was noted over the four-year period. During the first year a heavier menstrual flow was noted in about 40 percent of the women, which resulted in somewhat lower hemoglobin values for them. Although in subsequent months the amount of menstrual flow gradually decreased, about 50 percent of these women requested IUD removal for this reason.


Contains brief discussions and charts on the economic consequences of population growth in India. Describes the National Family Planning Program of the government of India Family Planning Program during the 1960s, and the costs and benefits of the program.


Following the pattern of his previous survey in the same geographic area in 1964, Dr. Sung-bong Hong conducted a resurvey of the rates and associated socioeconomic factors of induced abortion in the Sungdong-Gu district of Seoul, Korea. He interviewed approximately 2,000 women in 1969, and in 1970 he interviewed a subsample of the women (including more than 4,000 hospitals accounting for 60 to 65 percent of low-income births and nearly 300 health departments) which could have supplied family planning services but did not.


The emergence of new attitudes on sexuality, contraception, and abortion, and the relative size of population growth as a vital factor in the human environment require a new and increased emphasis on these subjects in medical education. Such emphasis will necessarily be interdisciplinary, drawing from social, biological, and behavioral knowledge. Fourteen papers are presented on: "Recent Trends and Developments in Medical Education in Family Planning and Human Sexuality"; "The Genesis of the Family Planning Movement in Historical Perspective"; "Misconceptions Concerning Contraception"; "Student Objectives, Didactic Resources, and Faculty Models in Family Planning Education"; "Introduction to Reproduction"; "Population Awareness in the Primary Care Setting"; "Sexuality in the Education of Medical Students"; "Instruction in the Techniques of Family Planning at Cornell University Medical College"; "Instruction in Family Planning in European Medical Schools"; "Demography in the Medical Curriculum"; "Attitudes of Medical Educators toward Sex Education and Family Planning in Medical Schools"; "Medical Ethics and Human Sexuality"; "Techniques in Teaching Medical Students to Take a Sexual History"; "Pornography and Medical Education"; and "Instruction in Human Sexuality within the Framework of a Course in Medical Ethics." A panel discussion on instruction in family planning by physicians, a bibliography on population and family planning for use in medical education, and a suggested course outline for medical students follow.

Population growth in developing countries is taking place under widely different economic and social conditions. The concept that a larger population produces a larger market is not useful because the economic growth parameters must change to offset higher growth rates and the necessary changes increase the difficulties of development. A slowed rate produces a more developed economic structure and makes the problems of education, health, and housing easier to deal with. The time it takes to evaluate proper effects of demographic change precludes the use of satisfactory current economic criteria to rule out the existence of a potential population problem.

Government population policies or government acceptance of voluntary programs now exist in about 60 developing countries. Foreign aid is relatively high in important in securing necessary research, training, and evaluation of methods and results.

An estimate of the impact of institutionalized family planning from 1964 to 1968 is given, along with factors which may tend to increase the momentum unless international contraceptive breakthroughs are made.


A project, undertaken with the cooperation of two principal hospitals, tested the hypothesis that paraprofessionals can be trained to motivate women discharged from obstetrical services to return for postpartum or continuing family planning services. Eleven paraprofessionals recruited from the neighborhoods of the two hospitals were tested as a delinquent questionnaire and to deliver information and education regarding postpartum and family planning services to the women. During the 27-month project, 1,841 patients who failed to keep their postpartum examination appointments were referred to the paraprofessional staff for follow-up. In three groups, they were given different follow-up treatments; the maximum treatment being a telephone call, a reminder letter, and a home visit. Many were difficult to locate. The results suggest that home visits to appointment failures after an interval of ten weeks were not worthwhile and that telephone contacts, where possible, were the most cost-effective procedure. In conclusion, the use of paraprofessionals was a success, but more attention should be given potential acceptors before hospital discharge. Such a personal relationship in an otherwise impersonal setting. Patients receiving special attention to their low or postpartum return rates were abeters, 1der women of higher parity, and single women. The authors suggest that the postpartum clinic be combined with the family planning clinic to avoid unnecessary gynecological examinations, which most patients fear and dislike.

**Population Policy**


State-by-state information is presented on legislation relating to the treatment of minors for contraception, venereal disease, and pregnancy. In the two years since a previous survey of the "legal problems faced by minors in obtaining birth control services and by physicians in dispensing services to them without parental consent . . . numerous states have passed statutes permitting minors to consent to their own health care . . . . In addition, no physician or institution has been sued or prosecuted, so far as is known, for providing contraception to a minor without parental consent. The major medical organizations have also gone on record in support of providing contraception to sexually active teen-agers, with or without parental consent."


A discussion of incentives to control population growth including the type of incentive offered (monetary or social benefit and employment or educational opportunities) and the behavior to be induced (contraception, sterilization, child spacing). Existing and proposed incentive programs in various countries are reviewed in terms of their economic costs and benefits, the reactions they may evoke, and possible future uses.

**Genera!**


Roles in Latin American society are characterized by the dominant male and the submissive female. The male is by nature a subjugator, intent upon proving his virility through countless love affairs if he has not married by a certain age. Women are either good, marriageable virgins or promiscuous. Although the media are beginning to reflect a sexual revolution and interest in birth control, the effect on society has been slight. The mass media perpetuates stereotypical images of male and female to keep women in a dependent position in the home. The present generation has also been influenced by the cinematic image of the male over the past 30 years depicted as antisocial yet representative of official morality and dereliction in making conquests of feather-headed females.

The basis for the dominant, rational, calculating male and the romantic, intuitive, dependent female has deep roots in Catholic sexual morality and slave sensuality. Men are both aggressive and God fearing, adoring yet resenting their mothers, and wishing to punish the priest who taught them to adore the virgin. Women may become sexually unsatisfied or unnurturers.

Such an ethic helps produce the frustrated homosexual. At present male supremacy reproduces and reinforces the matrix of social roles in society. An egalitarian recognition of differences between men and women, of women as human beings, will not occur until the traditional molds of society have been shaken and changed.


There has been little change in male-female roles within the family for the vast majority of people in China despite government efforts over the past 50 years to give women equality with men.

The changes that have occurred in this century are mostly the result of economic forces than of legal measure. Rural-urban migration due to loss of land and the increasingly rapid growth of industrialization were probably the most important elements in disrupting the old-style patriarchal family. Propaganda campaigns in the press, conferences, novels and plays instilling the need for sexual equality, and changes in the marriage law have had little impact on the masses to date.

Probably the most effective institutional changes brought about by the present regime are increased educational opportunities, participation of women in local government, the creation of day-care centers, and the introduction of a work-points system of remuneration giving women an independent earning capacity. A higher standard of living has permitted peasants and factory workers of both sexes to purchase bicycles or motorbicycles. The resulting mobility and shorter working shifts have allowed couples to spend more time together. Family size is smaller than before, but couples continue to desire children until they have at least one living son.

**THE POPULATION COUNCIL**

245 Park Avenue, New York, New York 10017

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Subject to availability, individual articles listed above (not books) will be sent on request to administrators and scholars in Africa, Asia, and Latin America. All requests must be returned in the envelopes provided. Please write for further information from the Information Office of The Population Council. Bulk orders may be requested for educational purposes.